

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037446

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. _____

Registrar's No. _____

69

FILED SEP 26 1962

1. PLACE OF DEATH

a. COUNTY

Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Washington

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Potosi

Length of stay in 1b
30 yearsc. CITY
OR
TOWN

Potosi

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

703 Richeson

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

703 Richeson

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Louis

Edward

Politte

4. DATE
OF
DEATH

Month

Day

Year

Sept.

18

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-17-1907

9. AGE (last birthday)

54

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Book-keeper

10b. KIND OF BUSINESS OR INDUSTRY

National Lead Co.

11. BIRTHPLACE (City and state or country)

Washington County, Mo. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Willis Politte

13b. MOTHER'S MAIDEN NAME

Sarah Semar

14. NAME OF HUSBAND OR WIFE

Eva Politte

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Eva Politte Potosi, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 14/62 to Sept 18/62 and last saw him alive on Aug 14/62
Death occurred at the residence P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-22-1962

23c. NAME OF CEMETERY OR CREMATORY

St. James Cemetery

23d. LOCATION (City, town, or county)

Potosi Missouri

24. FUNERAL DIRECTOR

ADDRESS

Donald Sparks

Potosi, Missouri

25. DATE RECD. BY LOCAL REG.

9/21/62

26. REGISTRAR'S SIGNATURE

Helen Rudall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 1101

2 1101

3

4 0

5 1

6

7 0

8 0

9 420.1

10

11

12 90-0

13 1-0

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald C. Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.